

ALLEGANY COUNTY GAMING OFFICE
TEMPORARY PAPER GAMING LICENSE APPLICATION

Name of the non-profit organization: _____

If applicant business is conducted under a trade name, state trade name:

Mailing address: _____

Physical location address: _____

Is the organization's location within the corporate limits of a municipality (city or incorporated town): Yes No Name of municipality: _____

State I.D.# _____ Fed I.D.# _____

Telephone Number: _____

E-mail: _____

If the organization has been issued a temporary license(s) for an event or events held within the last 12 months, state the date of each event:

Nature of organization's non-profit activity:

List name(s), address(es), and social security number(s) and telephone numbers of all officers or representatives (minimum of three is required):

<u>Name</u>	<u>Title</u> <u>Position</u>	<u>Address</u>	<u>Social</u> <u>Security No.</u>	<u>Daytime</u> <u>Phone No.</u>
-------------	---------------------------------	----------------	--------------------------------------	------------------------------------

Attach a copy of the organization's IRS tax exemption determination letter. If organization is not tax exempt, then attach other evidence of organization's non-profit status (such as a copy of the organization's charter) or a letter signed by at least two officers stating the organization's non-profit purpose or activity and the dates of organization's existence.

State specifically the (1) charitable, athletic, or educational purpose for which the organization desires to raise money by operation of tip jars (must satisfy IRC 170© and (2) the name and address of the organization to benefit from money raised (attach additional sheet if needed):

State the nature and purpose of event for which license is being obtained: _____

State location and address of event:

State beginning date, ending date, and time of event:

From: _____ To: _____ Time: _____

I do solemnly declare and affirm under the penalties of perjury that the matters and facts contained in the foregoing Temporary Paper Gaming License Application are true and correct to the best of my knowledge, information and belief.

Signature: _____

Print Name as Signed Above: _____

Title or Position: _____

Date: _____

For office use only:

Date application received: _____ All documents attached: Yes No

1st Temp License # _____ 2nd Temp License # _____

3rd Temp License # _____ 4th Temp License # _____

**ALLEGANY COUNTY GAMING OFFICE
TEMPORARY PAPER GAMING LICENSE APPLICATION
PRIOR RECORD AFFIDAVIT**

An affidavit must be completed for each owner or corporate officer of the business or organization. All affidavits must be attached to the license application and must correspond to the names listed in the application itself.

I, _____, solemnly affirm under the penalties of perjury that I have never been convicted of a misdemeanor involving any gaming or gambling law of any state or been convicted of a felony.

I understand that this information may be checked by appropriate law enforcement agencies.

(Signature) _____

(Print Name) _____

(Position) _____

(Date) _____

I HEREBY CERTIFY, that on _____ day of _____, 20____, before me, the subscriber, a Notary Public in and for the county of _____ in the state of _____, personally appeared _____ known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged the foregoing application to be his/her act for the purposes therein contained.

Witness my hand and Notarial Seal.

Notary Public: _____

My Commission Expires:

TEMPORARY PAPER GAMING LICENSE APPPLICATION STATEMENT

As an applicant for a temporary license to operate paper gaming in Allegany County, Maryland, I have read and understand the following:

1. All paper games operated for the licensed event must be purchased from a licensed wholesaler.
2. This license is not transferable.
3. I may not hold a Wholesaler's License.
4. I agree to abide by all regulations pertaining to this license as established by the Board of County Commissioners of Allegany County.
5. I may only operate a paper game if the Operator is on the premises as stated in the application for the license and during the hours stated in the application for the license unless otherwise authorized by the Allegany County Gaming Office.
6. I agree to submit within ten (10) business days after the date of expiration of the license a report as required by the Allegany County Regulations, and to make available to an auditor, designated by the Board of County Commissioners, any records required for an audit in accordance with said Regulations.
7. As the holder of a license, I will be responsible for the actions of all persons directly involved in the activities allowed under this license.
8. I will retain all records required under the Allegany County Gaming Regulations for at least five (5) years, and seal cards for a period of six months.
9. The Board of County Commissioners for Allegany County may audit any records pertaining to paper gaming.
10. A person who's Temporary License is revoked may not be issued another license.
11. A person may operate a Paper Game in the County only if the person:
 - a. has not been convicted of a misdemeanor involving any gambling or gaming law of any State or a felony.
 - b. is of good moral character.
 - c. does not owe taxes to the State, County, or a municipal corporation in the County.

12. I agree to allow an agent of the Allegany County Gaming Office to inspect the premises and records related to the activities allowed under this license.

13. Before the Gaming Office takes legal action, it will give the person against whom the action is contemplated the opportunity for an administrative hearing.

14. The Gaming Office reserves the right to require an applicant to supply additional information in the event the Gaming Office believes the information supplied may be inconsistent or contain omissions

Signature: _____

Print Name as Signed Above: _____

Title or Position: _____

Date: _____

Daytime Telephone: _____